

**IN THE UNITED STATES DISTRICT COURT FOR THE
MIDDLE DISTRICT OF NORTH CAROLINA
Durham Division**

VICTOR VOE, *et al.*,

Plaintiffs,

v.

THOMAS MANSFIELD, *et al.*,

Defendants.

Civil No. 1:23-cv-864

**DECLARATION OF ALEX SHELDON, EXECUTIVE DIRECTOR OF
GLMA: HEALTH PROFESSIONALS ADVANCING LGBTQ+ EQUALITY**

I, Alex Sheldon, hereby declare and state as follows:

1. I am over 18 years of age, of sound mind, and in all respects competent to testify.
2. I go by they/them pronouns and live in North Carolina.
3. I have actual knowledge of the matters stated herein. If called to testify in this matter, I would testify truthfully and competently as to those facts.
4. I am the Executive Director of American Association of Physicians for Human Rights, Inc., d/b/a GLMA: Health Professionals Advancing LGBTQ+ Equality (“GLMA”), which is a plaintiff in this case bringing claims on behalf of its members.
5. I am a professional researcher, strategist, and advocate with over 15 years of experience in the field of human rights, with a particular emphasis on LGBTQ+ rights. Prior to joining GLMA, I was the Head of Research & Social Impact at an LGBTQ+ start-up company, where I specialized in economic inclusion for LGBTQ+ people. Previously, I served as the

Deputy Director of the Clinton Global Initiative (CGI) at the Clinton Foundation, and I held roles at Everytown for Gun Safety, the Movement Advancement Project (MAP), and several international nonprofits.

6. GLMA is a 501(c)(3) national membership nonprofit organization based in Washington D.C. and incorporated in California. Founded in 1981, GLMA is the world's largest and oldest association of LGBTQ+ healthcare professionals. Our mission is to ensure health equity for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals, and equality for LGBTQ+ health professionals in their work and learning environments. To achieve this mission, GLMA utilizes the scientific expertise of its diverse multidisciplinary membership to inform and drive advocacy, education, and research.

7. GLMA was originally founded as the American Association of Physicians for Human Rights (AAPHR) and was an offshoot of the Bay Area Physicians for Human Rights (BAPHR), a San Francisco-based physician organization founded to fight discrimination faced by gay and lesbian physicians in the workplace based upon their sexual orientation. AAPHR was founded to take this mission to a national level. Its initial mission focused on responding with policy advocacy and public health research to the growing medical crisis that would become the HIV/AIDS epidemic.

8. Since being founded, GLMA's mission has broadened to address the full range of health concerns and issues affecting LGBTQ+ people, including ensuring that sound science and research inform health policy and practices regarding the LGBTQ+ community.

9. GLMA represents the interests of tens of thousands of LGBTQ+ and allied

health professionals, as well as millions of LGBTQ+ patients and families. GLMA's membership includes approximately 1,000 member physicians, nurses, advanced practice nurses, physician assistants, researchers and academics, behavioral health specialists, health profession students, and other health professionals. GLMA's members reside and work across the United States, including North Carolina, and in several other countries. Their practices represent the major health care disciplines and a wide range of health specialties, including endocrinology, internal medicine, family practice, psychiatry, obstetrics/gynecology, emergency medicine, neurology, and infectious diseases.

10. Different health care professionals can become and are members of GLMA. General membership in GLMA is open to health professionals and health professionals in training, as defined by GLMA's Board of Directors. These different memberships account for practicing health professionals of all disciplines and specialties, with various years of experience, as well as those who are retired and are students. Members who are health professionals or health professionals in training can serve as committee members and have the right to cast an advisory vote.

11. In addition to general members, GLMA has a "friend" membership for individuals who are invested in LGBTQ+ health equity but are not directly involved in health professions. Unlike general members, these "health equity supporters" do not have the right to cast an advisory vote.

12. In addition to our formal members, GLMA serves thousands of people in the community through our programs, events, and services every year.

13. GLMA is also partners with the American Medical Association (AMA), the United States Preventative Services Task Force (USPSTF), the National Minority Health (NMH) Alliance, the Reproductive Health Coalition, the American Medical Student Association (AMSA), and the American Academy of Physician Assistants (AAPA), among other medical associations and health organizations.

14. As part of its mission to ensure health care equity for the LGBTQ+ community as well as equity for LGBTQ+ health care professionals, GLMA is committed to breaking down barriers to comprehensive care for the LGBTQ+ community. This includes GLMA's steadfast commitment to ensure that transgender individuals receive the gender affirming care they want, need, and deserve.

15. For example, in 2018, GLMA adopted a formal policy statement on "Transgender Healthcare." This policy statement (127-18-101-21 - Transgender Healthcare) was readopted in 2021. The policy statement reads: "GLMA: Health Professionals Advancing LGBTQ+ Equality considers therapeutic treatments, including hormone therapy, mental health therapy, vocal therapy, hair removal, and gender- affirming surgeries, as medically necessary for the purpose of gender-affirmation or the treatment of gender dysphoria or gender incongruence. These gender-affirming medical and surgical treatments should be covered by all public and private insurance plans."

16. In 2019, in conjunction with the American Medical Association, GLMA published an issue brief titled "Health insurance coverage for gender- affirming care of transgender patients." This brief discusses both the positive effects and outcomes of gender-

affirming medical care for transgender patients, as well as the negative effects and serious health consequences that transgender patients experience when they are denied access to gender-affirming medical care when medically indicated for them. A copy of the issue brief is available at: <https://www.ama-assn.org/system/files/2019-03/transgender-coverage-issue-brief.pdf>.

17. What is more, GLMA seeks to promote education and encourages research surrounding LGBTQ+ health issues, including the provision of gender-affirming medical care and the study and treatment of gender dysphoria. As such, our Annual Conference on LGBTQ+ Health regularly includes numerous scientific abstracts and poster presentations on gender-affirming care and the treatment of transgender patients. Since its inception in 1981, GLMA's Annual Conference on LGBTQ+ Health has served as the premier scientific conference for LGBTQ+ and allied health professionals to share innovative health care breakthroughs and interventions, as well as the latest research on LGBTQ+ health. The conference is open to health care providers of all disciplines, researchers, academics, health administrators, policy experts, and others interested in LGBTQ+ health.

18. Because health care equity for the LGBTQ+ community as well as equality for LGBTQ+ health care professionals is our mission, we heard an immediate outcry from members and supporters, especially those in North Carolina, following the passage of House Bill 808 ("HB 808," "the Health Ban," or "the Ban"), the gender-affirming medical care ban for patients under 18 in North Carolina.

19. The implementation of laws like HB 808 only serves to erode the status of health equity in North Carolina. Our members and their patients thus stand to be negatively affected

by the Health Care Ban in several ways.

20. All individuals, including transgender and gender diverse youth, deserve access to respectful, compassionate, and evidence-based care. As outlined in our issue brief mentioned above, gender-affirming medical care improves the health, wellbeing, and quality of life of transgender people with gender dysphoria. Conversely, prohibiting access to this evidence-based and effective medical care leads to negative health outcomes. By prohibiting the provision of gender-affirming medical care to transgender adolescents and otherwise restricting access to this essential care such as by prohibiting Medicaid coverage, the Health Care Ban puts transgender youth in North Carolina at risk of being denied lifesaving healthcare services, leading to potentially severe health consequences. Many of these youth are cared for by GLMA's members in North Carolina.

21. Laws like HB 808 are an affront to healthcare ethics and the principles of equality and inclusivity that should govern healthcare practices. Healthcare professionals have an ethical obligation to prioritize patient care and well-being, and laws like HB 808 undermine this obligation.

22. The Health Care Ban prohibits the provision, prescription, or dispensing of puberty-delaying medications and gender-affirming hormones to treat gender dysphoria, as well as the performing of gender-affirming surgery, including chest surgery. In doing so, the Ban places GLMA's health professional members in an untenable position of choosing to comply with the Ban and endanger the health and wellbeing of their transgender minor patients, or follow their medical or professional best judgment and duty to their patients by violating the

Ban to provide their adolescent patients with the best care and the care they need.

23. For medical professionals, HB 808 also mandates the revocation of licensure to any medical professional who provides gender-affirming medical care to patients under 18, as well as additional disciplinary actions. It does so notwithstanding that gender-affirming medical care is evidence-based, consistent with well-established clinical practice guidelines, and supported by the mainstream medical establishment in the United States. Thus, GLMA members face these penalties if they provide medically necessary, appropriate care to their transgender minor patients.

24. GLMA, along with many of its sibling medical and health professional associations, such as the American Medical Association, American Psychiatric Association, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatrists, American Academy of Family Physicians, American College of Obstetricians and Gynecologists, Endocrine Society, Pediatric Endocrine Society, and others, supports the provision of gender-affirming medical care to treat gender dysphoria as evidence-based, safe, and effective medicine.

25. In addition, transgender patients frequently face heightened stigma and discrimination and are particularly apprehensive in medical encounters. This stigma in turn makes it more difficult for health care providers, including GLMA members, to provide appropriate care to their patients, since they are often reluctant to seek care, and may not follow-through with referrals to other providers due to concerns about facing discrimination. These concerns of the patients of GLMA's members are magnified by their well-founded belief that

the North Carolina General Assembly is permitting, if not encouraging, discrimination by health care professionals and health care institutions. As a result, it will become even more difficult for GLMA's members to care for their transgender minor patients, even in providing care other than the care that HB 808 has prohibited.

26. One of the guiding ethics of medicine is to treat all patients equally. We do not treat blue-eyed people better than brown-eyed people. We do not treat women better than men. We do not provide better care to blonde-haired people than red-haired people. Health professionals see people at their most vulnerable; the trust placed in them is sacred. To tie a healthcare provider's hands, to not permit a provider to make individualized assessments of the medical needs of all patients, hurts patients by preventing them from accessing needed care even at trusted facilities and practices.

27. If GLMA's health professional members are to provide evidence-based care to their transgender minor patients that is consistent with their oaths, they cannot be forced to comply with the Health Care Ban. The Ban requires that GLMA's health professional members violate the dictates of their profession and medical ethics and deny care that is consistent with evidence-based and widely recognized clinical practice guidelines to our patients.

28. If not enjoined, HB 808 will harm GLMA's health professional members in North Carolina and the young transgender patients who they treat.

29. GLMA exists to foster a world where health care professionals can make decisions to best care for LGBTQ+ individuals. To prevent our members from being able to provide this lifesaving, evidence-based, and effective medical care would significantly hamper


our mission to foster health equity for the LGBTQ+ community.

30. As an organization dedicated to supporting LGBTQ+ medical professionals and advocating for LGBTQ+ health equity, GLMA strongly condemns regressive measures like HB 808. GLMA vehemently opposes discriminatory bills like the Health Care Ban and affirms our unwavering commitment to championing equitable and inclusive healthcare for all individuals, without exception.

31. GLMA stands united in its resolve to fight against such legislation that undermines the principles of equality, respect, and evidence-based care.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on this 8th day of October 2023.



Alex Sheldon
Executive Director, GLMA